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ON THE USES OF THE LOBELIA INFLATA.

By Abraham Livezey, A.M., M.D., of Lumberville, Bucks County, Pa.

OBSERVING for several years past the use and abuse made of the lobelia by a numerous horde of quacks that abound in some parts of the country, and perceiving that those dangerous consequences, which have hitherto been attributed to this plant by many of the medical profession, did not result—and that, too, when administered by a set of ignorant pretenders, in enormous doses, and almost indiscriminately in all cases—I studiously applied myself to experimental observation, to ascertain with a greater degree of certainty the therapeutic value of this plant. And during the past year I have had many excellent opportunities of testing its beneficial influence in many diseases of febrile and spasmodic character.

In pertussis, combining the tinct. lobel., of which Prof. Eberle speaks so highly, with the acid. hydrocyan., extolled by Thompson and Roe, with equal propriety might I vaunt the recipe as a specific, as they do theirs—although such a thing as a *specific* probably does not exist, except it be sulphur for psora. In asthma, especially of a spasmodic kind, the most marked benefits result from the use of this plant singly, or combined as above—the existing disturbance of the nervous fibre of the bronchial surface, or the spasms of the mucous membrane of the bronchia, are speedily allayed, and, by a short course, a cure, or a *suspension* of some length at least, is the sequence of its administration.

For an adult—R. Tinct. lobel. inflat., ʒ j.; acid. hydrocyan., gtt. i—xj. Ter quatuorve die. But if the paroxysm be severe, the tincture may be given in much larger doses, and repeated at short intervals, till entire relief is obtained. By this combination I have enabled several *inveterate* cases of asthma (which had been repeatedly prescribed for by various physicians, quacks and old women) to pass for several months past, with a complete suspension of all their sufferings.

In diphtheritic laryngo-tracheitis, where the excitation of emesis cannot be readily accomplished, which frequently arises from the nature of the disease as well as the difficulty and unpleasantness in the administration of medicine to infants, this difficulty may be obviated by enemata containing a portion of the tinct. lobel., or pulverized plant, which at once relaxes the system, removes the tension of the chest, changes the seat of excitement to a distant part, and emesis readily ensues; the bowels in the

meanwhile are emptied of their contents, and recovery from every distressing symptom immediately follows.

In all cases of coughs, especially when inflammatory symptoms manifest themselves, as in catarrhal affections in children as well as in adults, I consider the tincture of this plant (or infusion, when the stimulus imparted by the alcohol might be objectionable) far preferable to ipecacuanha or the tartrate of antimony and potassa, being more decisive in its effects than the former, and a better and safer nauseant than the latter, without that fear of irritating the gastro-enteric mucous membrane, the pathological condition of which has been too much overlooked by earlier writers, but which is now claiming deserved attention.

This brings me to the consideration of the lobelia inflata in febrile disorders, incident to every section of country, more or less, in summer and autumn. When it is desirable (as in fact it is always) to lessen vascular action, and as a febrifuge, the "nitrous powders" sink into utter insignificance in comparison with this plant, which is not liable to the same objection as the tartarized antimony used in combination with calomel and the nitrate of potassa by many of the older practitioners, which too frequently increases that tenderness and erethism already existing in the mucous membrane of the stomach and intestines.

In high vascular action, also, with cerebral disturbance, when the application of cups to the nape of the neck, &c., fails in restoring rationality to the sensorium, the most admirable results follow the administration of an enema, largely composed of the lobelia; or when accompanied with enervation and subsultus tendinum, the efficacy of the enema will be much enhanced by the addition of a portion of pulv. valer. and tinct. capsicum or camphor, which, when thus combined, produces a powerfully revellent action, changes the scene of excitement, and leaves the cerebral functions free.

Finally. In strangulated hernia, or in reducing dislocations of the largest articulations, where great relaxation is necessary, a powerful enema of the plant, or of the bruised seeds, will fully answer the expectation of the medical attendant—attended, too, with equal benefit and much more safety than the tobacco injection used in the former difficulty, and will dispense with venesection, the tartarized antimony, and generally the hot bath, so universally recommended to overcome the rigidity of the muscular fibre.

These are the chief diseases of importance in which I have administered the lobelia inflata with entire satisfaction, and with a relief so prompt and decisive, as at once both astonished and delighted the patient.
—*Medical Examiner.*

POPLITEAL ANEURISM SUCCESSFULLY TREATED BY LIGATURE AND BY COMPRESSION.

By Robert Armstrong, M.D., F.L.S., F.R.C.S.E., &c.

SEVERAL cases of popliteal aneurism successfully treated by compression having been lately published in the journals, I have been induced to se-

lect from the register of important cases kept in the Royal Naval Hospital, Plymouth, the history of two, which presented some features of interest and importance. One will serve to show, that the application of a ligature to the superficial femoral artery will sometimes be attended with success, under the most unfavorable circumstances; the other is a case in which a cure was effected by compression, where there was an unusual distribution of the arteries of the thigh, and where the superficial femoral artery was wanting—a circumstance, in connection with aneurism, as far as I am aware, not before noticed.

CASE I.—James C——, seaman, aged 35, H. M. S. *Thunderer*. According to the case transmitted by the surgeon of the ship, the patient "had labored since the 30th ult. under a rheumatic affection of the knee and leg, attended with extensive effusion under the ham, and œdema of the foot. The affected parts, on the onset of the disease, were cupped and fomented; calomel and opium, with colchicum, Dover's powder, and camphor mixture, were administered, and slight pyalism was induced. Afterwards hydriodate of potassa, in doses of eight grains thrice daily. Camphorated mercurial ointment and fomentations were subsequently used, but the swelling of the ham continued unabated, and it showed a tendency to point." He was received into the Hospital on the 25th of October, 1842, with a diffuse and painful swelling occupying the left popliteal space, extending from about three inches above the knee to the middle of the leg, and had been increasing in size for the last six weeks. In the centre there was a distinct sense of fluctuation; while towards the circumference the tumor was hard and resisting. The whole limb was much swollen, being nineteen inches in circumference about three inches below the upper part of the patella, with œdema of the foot, and darting pains along the limb. He says the swelling first commenced in the ham, and that he felt a small tumor pulsating strongly, which gave him no pain; and that he made no complaint, but continued at his duty. No pulsation could be distinguished; the general health appeared much impaired; pulse 96; bowels confined; tongue whitish.

27th.—The swelling of the limb has somewhat subsided, and the fluctuation in the ham is more distinct; two small livid vesicles have formed, and the integuments appear likely to give way. From the account given by the patient, it is evidently a case of diffuse popliteal aneurism, although no pulsation can be distinguished. One of the vesicles was punctured this morning, and gave exit to a small quantity of sero-purulent matter and bloody serum. On explaining to the patient the nature of the case, and that amputation of the limb was the only alternative, he appeared extremely adverse to the operation, and urgently entreated that it might be deferred for a few days, until he could get his brother to be present.

28th.—There has been some discharge from the tumor, and it is slightly diminished in size; pulse 100; pulsation cannot be detected in the anterior and posterior tibial arteries.

30th.—Two more vesicles are forming, and he complains of some pain in the part. A tourniquet was applied loosely round the limb, which

the nurse and patient were taught to tighten in the event of hæmorrhage occurring; and the operation was postponed till the following day. About 4, P. M., while asleep, a profuse hæmorrhage occurred, and he lost a considerable quantity of blood before he was aware of it. One of the assistant surgeons being on the spot, the hæmorrhage was immediately arrested, by pressure on the artery, as it passes over the brim of the pelvis. I saw him immediately, and found him in a state of great prostration and alarm, with a small and feeble pulse. In this state of exhaustion, amputation appeared inadmissible; the superficial femoral artery was therefore immediately taken up, and secured by a single ligature. A slight discharge of arterial blood now took place, which was supposed to arise from some small vessel divided in the line of the incision; but on a careful examination, it appeared to proceed from a small lateral branch given off from the main trunk immediately above the ligature, and which, it was probable, had been divided by the edge of the aneurismal needle. The artery was therefore separated from its attachments about three quarters of an inch higher up, where it dipped behind a cluster of enlarged lymphatic glands, and a second ligature was applied. The hæmorrhage now immediately ceased, and the edges of the wound were brought into apposition by adhesive straps. 8, P. M.—Says he is easy; limb of the natural warmth, being wrapped in flannel; heat natural; skin moist; pulse 120, and rather weak. Ordered sedative solution of opium, thirty minims; solution of tartarized antimony, half a drachm; solution of acetate of ammonia, two drachms; cinnamon water, ten drachms; mix for a draught, to be taken at night.

31st.—He has had some hours' sleep, and says he is pretty easy, but complains of occasional pricking pain in the legs, and a sense of numbness of the foot; slight heat of surface; skin partially moist; pulse 116, and fuller; tongue whitish in the centre; bowels rather confined. Ordered compound extract of colocynth, five grains; a draught, with sedative solution of opium; lemonade.

Nov. 1st.—Has had some hours' sleep, and says he is pretty easy; heat natural; pulse 112; tongue whitish, but moist; has had one copious stool this morning; there is a profuse discharge of coagula and purulent matter.

12th.—Has been improving daily; swelling of the limb subsiding; the discharge continues profuse; foot of the natural warmth; is unable to move the foot, but there is some return of sensation; incision in the thigh healing, and there is a slight purulent discharge from the point where the ligature is attached; pulse 110, and weak; tongue clean; bowels open.

21st.—The ligature came away this morning; there is still some discharge from the ham, but the swelling of the limb is much reduced in size, and the œdema of the foot nearly gone; pulse 84, and soft; tongue clean; bowels regular.

April 18th.—A succession of small abscesses formed on the ham, but they are now quite healed; the sensation of the foot has returned, and there is a slight contraction of the knee-joint, but he is able to walk about

with the aid of a stick. His general health is now good, and as he is desirous of returning to his friends, and not likely to receive any further benefit from hospital treatment, he is this day discharged, invalided, as unfit for further service at sea. At the end of eleven months this patient returned to the hospital for admission as a patient, on account of bronchitis, and appeared weak and emaciated. He still complained of some weakness of the leg, but the aneurism had been entirely removed, and as the complaint under which he now labored had been contracted subsequently to his leaving the service, he could not be admitted as a patient.

11.—Henry O'N——, seaman, H. M. S. *Superb*, aged 26, was received on the 31st October, 1845, with left popliteal aneurism. The tumor was about three inches and a half in length, of an oval form, and extended from the middle of the popliteal space, downwards, between the heads of the gastrocnemii muscles; the pulsation is always distinct, and sometimes throbs strongly. The complexion was pale, with a certain flaccidity of muscle; the urine was slightly turbid, and deposited a sediment; the pulse but little affected, except during an occasional attack of palpitation of the heart to which he was subject, when it became small, irregular and intermittent. The patient stated that when in the merchant service, three years since, he had been sent to a hospital in Ireland, with rheumatism, chiefly in the left knee, and that the leg had been weaker than the other ever since. He appeared to labor under some mental anxiety, having been informed by some person that he must necessarily lose his limb, and perhaps his life. Rest and quiet were enjoined, and an attempt was made to improve the general health by a regulated diet and the use of aperients.

In the course of three weeks the health had evidently improved, and the tumor had not materially increased in size. In the first instance, it was intended to take up the external femoral artery, in preference to the less certain and more tedious method of treatment by compression, but here an unusual and unexpected difficulty interposed. The superficial femoral artery did not exist, and the same abnormal state of the vessels was found in the right thigh. The common femoral artery could be felt passing over the brim of the pelvis, and for nearly an inch and a half below it, behind a cluster of enlarged and lobulated lymphatic glands, some upwards of an inch in length, and then sank deep into the thigh; the only artery that could be traced, was one under the vastus internus, and running down close upon the bone; a pulsation could also be felt under the vastus externus, but these vessels did not appear to be of any magnitude. The popliteal artery could be distinctly traced for nearly an inch and a half above the tumor. Compression was now considered worthy of a trial. The common tourniquet was found ineligible, by obstructing the circulation through the limb, and was laid aside. The tourniquet, fitted with two pads, and a screw to regulate the pressure, was applied instead, on the 4th of December, one pad being applied immediately below the patella, and the other over the tumor. The iron arch of the instrument was carefully secured to the side of the leg by a roller.

On the 10th of January, the pulsation was strong, and sometimes

there was a violent throbbing, although the size of the tumor had diminished. There were now strong reasons for suspecting that the patient, who occasionally showed symptoms of an irritable temper, had slackened the screw, but on remonstrating with him on the impropriety of his conduct, he promised to desist in future. Hitherto nothing had been gained, and the pressure was continued.

On the 2nd of February, there was an obscure pulsation, and the tumor had greatly diminished in size; a distinct pulsation, which had not before been observed, was now felt behind the external and posterior edge of the tibia, extending upwards of an inch above the aneurismal tumor, and evidently unconnected with it.

On the 14th, the pulsation of a vessel was detected on the inner side of the tumor, and none could be felt on the popliteal artery.

At the visit on the morning of the 4th of March, the patient had the tourniquet in his hand, with the pad broken off, the screw by which it had been attached to the iron arm having been broken off, apparently by violence. On a careful examination of the part, no pulsation could be detected. The remains of the sac formed a dense, flattened mass, of about an inch and a half in length; the pulsation of the vessels behind the head of the tibia had increased in force, and these vessels apparently formed the channel through which the circulation was carried on. It was deemed prudent to continue a moderate degree of pressure a little longer, and the same instrument was reversed, and again applied; the pad which had been applied to the front of the leg was placed on the ham, and the steel arm of the instrument over the tibia, a short piece of deal splint, well padded, being interposed, to prevent injurious pressure.

On the 20th of March the pressure was removed. The remains of the sac had now almost entirely disappeared, being reduced to a small dense mass, not exceeding an almond in size.

He was discharged on the 31st of March last, invalided as unfit for further service at sea, but otherwise in good health, except that on walking without a stick a slight halt was observed, and he complained of some weakness of the limb.—*London Lancet*.

ORIGIN AND GROWTH OF HOMŒOPATHY.

[THE following sketch, from an extended article on Homœopathy in the Dublin Medical Journal, although not containing anything decisive in regard to the truth or falsehood of what we consider this modern delusion, alludes to facts connected with its founder which may be new to some of our readers, and which are interesting at the present time.]

Samuel Christian Frederick Hahnemann, the founder of homœopathy, was born at Meissen, in Saxony, in 1755. After studying medicine at Leipsic and Vienna, he for some time held the situation of librarian to a nobleman, and having taken his degree at the University of Erlangen, he soon obtained, through the influence of his patron and his own reputation for learning, the somewhat sinecure post of district physician

at Gommern. Here, enjoying abundance of leisure, he abandoned himself to his favorite study of chemistry, and was also employed in translating French, English, and Italian works, as well as in writing for various German Journals. The effect of his closet application was soon made manifest in his abandoning medicine altogether, "because it afforded no great principle by which he could, in all cases, guide his course." Hahnemann now devoted himself, with redoubled ardor, "to chemistry and authorship;" and had he persevered in this course, he might, by following the natural bent of his mind, have attained to a rank probably little inferior to that of a Liebig or a Rose. His boldly speculative nature was, in fact, singularly well fitted for the prosecution of a science in which the wildest hypothesis and the most baseless theory might give useful incentives to investigation, whilst the errors of the intellect could at once be tested and corrected by well-devised and varied experiments; but in medicine, as in political economy, the transactions of commercial life, and all sciences which have moral agents for their objects, premises can only be ascertained by a most careful appreciation of testimony, and by an impartial balance of probabilities; and the connection of cause and effect, or of invariable sequence and consequence, is so difficult to be traced, that an *experimentum crucis* is an absolute impossibility, and the value of any alleged facts must always, in a great measure, be determined by the *cui bono* (in the classical sense of the phrase) of the narrator. Viewed in this light, Hahnemann was, from the nature of his studies, his predilections, and his modes of thought, the very last person likely to become a great practical physician. Unhappily, however, for himself and for the world, he again turned his attention to medicine, and under the guidance of his *idola specus*, soon compelled, as he thought, all the phenomena of disease to become conformable to his notions of order and simplicity. His first work of a strictly medical character was on the treatment of venereal disease. It appeared in 1789, under the following title, "Unterricht für Wund-aerzte ub. d. vener. Krankheiten," Leipzig. This book exhibits a curious mingling up of the Brunonian hypotheses with the notions of the Iatro-chemists. Brown, as most of our readers are aware, regarded diseases as consisting but of two classes, sthenic and asthenic, and, discarding all the numerous drugs of the pharmacopœia, he employed but two medicines—alcohol, in all its varieties of color and kind, and opium. Hahnemann adopts the first of these hypotheses, but is too much enamored of chemistry to give up his drugs, which he makes to play a very important part in the *laboratory* of the human organization. Syphilis, according to him, is but a state of atony, which, for three or four weeks, he treats by the most powerful tonics. After the lapse of this period, having got the system into a state of excitation, he joins to these means the use of his soluble salt of mercury, so-called from its supposed power of *rendering soluble the animal fluids*. Of this salt, the ammonia sub-nitrate of mercury ($\text{NH}_3 \text{ NO}_5 + 2 \text{ HgO.}$, Kane), he asserts that eight grains are sufficient to cure ordinary cases of syphilis, twelve grains only being required by the most inveterate. He pushes the administration of the remedy until incipient pytalism, and attaches great im-

portance to the degree of mercurial fever produced, a certain amount being necessary to the neutralization of the disease. Some time after the appearance of this essay, happening to be attacked with intermittent fever whilst experimenting on bark, he was led by this accidental circumstance to attach the most absurd importance to the idea of the enthusiast, Basil Valentine, that "like is to be expelled by like, and not by its contrary," and his knowledge of the medical literature of the period of Renaissance being sufficiently extensive to afford him abundance of loose analogies for any notion, however strange, he soon enunciated to the world, in a letter addressed to Professor Hufeland, and published in 1796, his grand discovery of "*similia similibus curantur*." His experiments on the effects of medicines on the healthy human body appeared in two volumes in 1805, under the title of "*Fragmenta de Viribus Medicamentorum positivis sive in Corpore humano Sano obviis*." This was followed, in 1806, by "*Medicine founded on Experience*," in which appears the first development of the system of homœopathy, and four years after was published the first edition of "*The Organon of the Healing Art*." "This immortal work," says a homœopathic writer, "one of the most remarkable productions of the human mind, has already gone through five editions, and has been translated into the French, English, Italian, Hungarian, Polish, Russian, Danish, Swedish, and lately also into the Spanish language."—*Concise View, &c.*, p. 12. The last of the writings of Hahnemann, entitled "*The Chronic Diseases, their peculiar Nature, and homœopathic Treatment*," appeared in 1830, in four volumes. A second edition was published in 1835, in five volumes octavo, but it has not yet been translated into English.

Hahnemann, evidently, derived most of his notions from the school of the alchemists and theosophists of the sixteenth century; but he was not satisfied with copying the theories of these enthusiasts, he imitated also their arrogance, and even exceeded them in the violence with which he denounced those who differed from him. Innumerable passages in his works remind us of his prototype, *Bombast de Hohenheim*; and sometimes in speaking of his contemporaries, he makes use of almost the very words of Paracelsus. This arrogance and insolent intolerance bore its usual fruit, for although novelties, when advocated with talent, and sanctioned by great names, are in general but too well received in medicine, and new theories of disease, and new modes of treatment, which have their origin within the magic circle of the profession, are often, however wild or visionary, if not evidently false, a sure passport to fame, we seldom find any author, no matter what may be the subject on which he writes, escape the castigation of the critics, who sets out by proclaiming that he is the favored emissary of heaven, and that all besides himself are but knaves and fools. We need not be surprised, then, that Hahnemann, after the publication of his works, soon found himself assailed by the most violent and unreasoning persecution. In this emergency he retired to Coethen, until 1835, when he removed to Paris, where he died in 1843, at the advanced age of 89.

Since the death of its founder, homœopathy has made but little pro-

gress on the Continent, though it has advanced with the rapidity of all novelties of the kind in England and in America. In Austria, with the caprice characteristic of despotism, it was first denounced, and the subject forbidden to be discussed, and shortly after, through the influence of some high personages, received a grant for its support from the government. In Saxony the doctrines of Hahnemann are also countenanced by the State. In the general hospital at Copenhagen, and also at Stockholm, a ward is set apart for the purpose of experimenting on homœopathic practice. In Prussia the government has made regulations with respect to the filling of homœopathic prescriptions, but there is no hospital where the practice is followed, and no public emoluments bestowed on its professors. Bavaria is said to be on the point of endowing a hospital for homœopathic practice, but as yet nothing of the kind has been done. In France the system of Hahnemann has made but very few converts, and the numbers of its adherents are rapidly declining, whilst letters from different parts of America assure us that although homœopathy is certainly spreading, the last German importation, viz., hydrophobia, is there, as in England and Scotland, rapidly taking the lead: and there can be little doubt that, like Hahnemann's medicinal disease, it will strangle its predecessor, and then itself decently expire.

In Ireland, from the remotest ages, the professors of the healing art occupied the highest rank in society; and some relics of this ancient prestige are still preserved in the minds of the vulgar, who regard the physician as scarcely second to the priest. This notion, joined to the natural acuteness of the people, their poverty, their extreme suspicion, and the slavish reverence for authority but too characteristic of the Celtic races, may in some measure account for the fact that none of the almost innumerable systems of quackery which enjoy an ephemeral popularity on the other side of the Channel, can find any partisans among the lower and middle classes of Ireland. We have good reason to believe that homœopathy is as yet known only to few aristocratic *malades imaginaires*, and that a homœopathic dispensary is a mere farce.

LONDON HOSPITALS.

[DR. SPENCE, of Boston, continues his favors to the Christian Watchman. He seems to have made a careful examination of all the benevolent institutions of the great metropolis of England, and allowed nothing to escape his observation that related to the profession of which he is an industrious member. Among other reminiscences of his late sojourn in Europe, the following was recently given.]

Great cities are great sources of corruption, and the seats of great physical suffering. London illustrates the truth of both these statements. The divine image is defaced by many diseases, and the human frame crushed to powder by many accidents which, though not "of moving flood and field," are as fatal. As in the moral world there is a balm that cures, so in the physical world there is a like exhibition of Divine good-

ness. Man, stricken, wounded and bleeding, is not left to perish, but science, art and skill step in, through man, to modify disease and suffering, and cheer the drooping spirit.

In London, there are many hospitals, in which are clustered thousands, around men whose calling is indicated by the short sentence, "to do good." As numerous as are the bright stars of heaven, so many are the tapers that shine at night, from the chambers of the sick, in the London hospitals. London was once the abode of Sir Astley Cooper, and is now the home of a Brodie, Liston, Lawrence, Fergusson, Mayo, Quain, Williams, Wilson, and others, who, though moving in a silent sphere, are as true and devoted to man in suffering, as skill, kindness and experience can render them.

Among the hospitals is Guy's, in Southwark, which contains 22 large wards, and upwards of 530 beds for patients, and relieves annually nearly 70,000 out-patients. There is St. Thomas's Hospital, which has 19 wards, with 485 beds. In this hospital, last year, there were cured and discharged, 3,552 in-patients, 41,815 medical and surgical out-patients; making the sum total, 45,367. The annual expenditure is £10,000. There is St. Bartholomew's Hospital, founded by Rahere, in 1102, and incorporated in 1546. The number of patients received, cured and discharged here, last year, was 5,419 in-patients, 17,808 out-patients, and 22,088 casualty patients; making the whole number 45,315. There is St. George's Hospital, which has a grand front 180 feet in length. Its theatre, for the delivery of lectures, accommodates 160 students. It has 16 wards, with 317 beds. Then there are the London, Westminster, and Charing Cross hospitals. Very old are some of these hospitals, and what thrilling tales to the life, their walls could tell, if they had but tongues!

The Foundling Hospital was founded by royal charter, through the exertions of Capt. Thomas Coram, in the year 1739; and is designed for the maintenance of exposed and deserted children. These children are not received indiscriminately. Application must be made personally by the mother, who must prove her previous good character, the desertion of the father, and give assurances that if the child is received, and secrecy observed, she will lead a virtuous life, and seek an honest livelihood. Private donations, bequests and endowments compose its property. The interest of these and the receipts from other sources, yield an annual income of \$50,000. It has under its fostering care, and educates, 460 children, one half of whom are reared in the country, from the age of 1 to 5 years, when they are returned to the city. The ages of the children here, range from 5 to 14. The features of some were intelligent, but intellectuality was not over predominant. At the ages of 14 and 15, they are sent forth, at the discretion of a committee, into a rude and untried world.

EFFECTS OF SECONDARY SYPHILIS ON OFFSPRING.

[The following is part of a report on Diseases of Children, made by Dr. Condie, of Philadelphia, to the College of Physicians of that city, and published in their quarterly Summary of Transactions.]

Mr. Acton, Surgeon to the Islington Dispensary, England, adduces three cases, in which constitutional syphilis in the father was the cause of repeated abortions, and, subsequently, of infection of the fœtus born at the full period—the mother remaining throughout wholly free from disease.

A child nine weeks old was brought to him by its mother, on account of an eruption, chiefly papular, over the whole body. The voice was hoarse, and there was a slight discharge from the nose; the palms of the hands presented a scaly, copper-colored eruption. Emaciation was less than is usually observed in children laboring under syphilis; but that peculiar earthy hue of the skin generally, was very evident. The mother stated, that she had been married four years—became pregnant soon after her marriage, and at the full term produced a dead child, the skin of which was dark colored, and peeled off on the slightest touch. During the following year she miscarried. On the occurrence of the third pregnancy, the child that was brought to Mr. A. was born at the full period and perfectly healthy. During the third week, spots were observed on the genital organs, and since then increased constantly in extent. No symptom of either primary or secondary disease, could be discovered in the mother. The father, shortly before his marriage, contracted chancres, was salivated, and secondary symptoms followed. He again took mercury, and believed himself perfectly cured at the time of his marriage. Denies having had any primary symptoms since—but has occasionally seen white spots on his mouth and tongue—has not remarked any spots on his body. There was nothing in his appearance to indicate syphilis, nor could any recent marks be discovered. Mr. A. directed an ointment composed of ungt. hydrarg. nitrat. and spermaceti to be applied to the affected skin, and a powder containing two grains of hydrarg. c. creta, to be given at night. Within a month the child was free from disease, and had regained its healthy appearance.

Mr. A. gives an abridged account of two other cases of secondary syphilis in men, whose wives were free from all disease, but had miscarried. He remarks, that these cases furnish three instances of males affected with constitutional symptoms, who marry and yet fail to communicate any disease to their wives, thus far corroborating our experiments that secondary symptoms are not capable of transmission from an affected male to a healthy female. They moreover make it probable that a male, thus infected, may so far exercise a morbid influence on the embryo, the result of cohabitation between him and a healthy female, as to cause its premature expulsion, or disease it so much, that, soon after birth, secondary symptoms will appear. The first case further induces the belief, that though syphilis may produce a miscarriage, a healthy child can be subsequently born, although no mercury be given to either patient.

If it be true that the father can infect the fœtus without contaminating

the mother, it justifies the surgeon in sparing her a course of mercury—a proceeding always injurious to the child, by deteriorating the milk—and may induce him to treat the child with some mild mercurial, without fear of its being reinfected by suckling the mother—thus offering additional evidence that the mother does not participate in the disease which the child inherits from the father.

CASE OF TUBERCULAR PHTHISIS, WITH MAL-POSITION OF THE HEART, &c.

By H. O. Jewett, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Miss S. H., æt. 30, of small stature, delicate conformation, and the ordinary characteristics of a strumous diathesis, had been laboring under a feeble state of health for about six years. The principal manifestations were those of general debility, impaired digestion, derangement of the catamenia, and that train of neuralgic symptoms peculiar to patients of her class. During a great part of this period she had been able to keep about the house, but was subject to increased indisposition from the slightest exciting causes. She has several times been brought quite low, and under mild tonic treatment slowly regained what she had learned to call her standard of health. Some time in February last, this patient suffered from a slight catarrhal affection, which gradually wore away, but left her evidently declining; with aggravation of the neuralgic symptoms, small frequent pulse, slightly-furred tongue, nausea, eructations, and frequent retching, bowels generally torpid, and severe cephalalgia, particularly during the latter part of the day, with occasional dysuria, paucity of the urinary secretion, &c. These symptoms continued to increase; the strength gradually wasting, but emaciation did not go on as rapidly as might have been anticipated, considering the severe gastric irritation and total disgust of every kind of nourishment, which had now become almost constant. This condition continued until the last of May, when I left home for a few days. On my return, about the middle of June, I discovered a marked change in the appearance of my patient. Hectic fever, with its usual symptoms, was fully developed. Emaciation had progressed rapidly, and the nausea had become incessant and extremely distressing; mouth aphthous; bowels still torpid; extremities œdematous; and the vital energies fast sinking under colliquative perspiration and irregular febrile paroxysms. There had been very little pectoral pain or oppression; scarcely any cough, and scanty expectoration, consisting principally of transparent mucus; yet auscultation at this time revealed unequivocal signs of extensive pulmonary disorganization. With this aspect the case continued to advance, and terminated fatally on the 21st of July.

Autopsy.—Thorax much contracted and flattened on the left side. On reflecting off the integuments and raising the sternum, which had nearly approximated the vertebral column, the mediastinum appeared to

the right of the mesial line. The left cavity of the chest, much reduced in capacity, was occupied by the lung of that side, which did not collapse on the division of the pleura. The superior portion of this lung, of a dark ash color, presented upon its surface the appearance of an aggregation of globular bodies, about the size of nutmegs, enveloped in a thin membrane. This proved to be an extensive abscess, filled with thick pus, and involving the whole anterior superior lobe. The remaining portion of the organ was in a state of hepatization, interspersed with tubercles, varying in size and progress of development. No part of this lung was permeable to the air, the bronchial tubes being entirely obliterated except at its very root. Upon the right side were found strong adhesions between the pleura costalis and pulmonalis, throughout the whole extent of the anterior and lateral surfaces of the lung. About one third of the lung, including the inferior portion, hepatized, and through its whole structure were observed tubercles, some apparently in a quiescent state, but many of them in process of softening and exhibiting the character vomicae. The pericardium and mediastinum upon the right side strongly agglutinated, and the pericardium anteriorly firmly bound to the thoracic parietes. The heart, somewhat atrophied, but otherwise healthy in appearance, occupied a position upon the right side of the spine, with its axis much obliqued to the right. In this situation it was fixed by adhesion of its investment with the surrounding tissues. The pulmonary vessels, aorta, œsophagus, &c., normal, except being somewhat inclined to the right in maintaining their relation to the mediastinum and heart.

Appearance of the Abdominal Viscera.—Stomach sacculated at its cardiac extremity, and for about two thirds of its extent towards the pylorus, contracted, tubular, and its coats indurated. Mucous surface exhibiting marks of extensive ulceration and erosion. Liver hypertrophied, somewhat indurated, and tuberculous. Left lobe absent, the organ lying wholly upon the right of the vertebral column. Pancreas enlarged and indurated. Spleen considerably hypertrophied, and, when laid open with the knife, presented the appearance of a homogeneous, curdy mass, of a pale ash color, and easily broken down with the fingers. Peritoneum thickly studded with tubercular depositions, &c. &c.

Remarks.—I merely give an outline of the above case, copied from my note-book, and much abbreviated, omitting minutiae that I may not fatigue your readers with too lengthy a detail. The case, though not entirely unique in its character, presents features that are somewhat peculiar. The pathology of the abdominal viscera might have been rationally inferred, but the extensive pulmonary lesions revealed by the *post-mortem* would scarcely have been suspected from the symptoms. It will be observed there had been very little pectoral pain or respiratory difficulty; no continued cough; scanty expectoration, and that not of a purulent character; in short, an absence of many of the signs of perfectly developed phthisis. The anatomical deviations of the liver were of course congenital. Was it thus with the malposition of the heart, or was this the result of disease? The adhesions upon the right side were strong and resisting, being evidently of long standing. (I am told that the patient suffered from a se-

vere attack of pleuritis in the winter of 1840.) With these adhesions there were consequent contractions. The functions of the right lung were greatly impeded; its power to re-act against the mediastinum was limited, while the left had doubtless been acting freely, at least during the early part of her complaint. How far these circumstances may have contributed to the displacement, I am unable to say.

I am not aware of any instance upon record where this mal-position of the heart has existed congenitally, without a corresponding transposition of the other viscera of the thorax—a circumstance which did pertain to this case.

Summer Hill, N. Y., Aug 28th, 1846.

REMARKABLE CASE OF EARLY PREGNANCY.

[Communicated for the Boston Med. and Surg. Journal.]

THE present case is not communicated on account of anything very peculiar in the labor itself, but on account of the remarkably early age at which conception took place, the patient being only in her twelfth year. Although similar or more remarkable cases are not unfrequent among females of tropical climates and more southern latitudes, yet I doubt whether they often occur in New England.

July 3d, 1846, 3 o'clock, P. M. Called to Miss L. A. W., aged 12 years 8 months. Her mother informed me that she had been attacked, the afternoon previous to my seeing her, with pain in the back, alternating with intervals of ease, which had continued, more or less frequent, through the night and up to the time at which I first saw her. She stated that her little girl had enjoyed unusually good health from an infant, until within three or four months, when she feared she might be dropsical, as she had become very corpulent, though she had been remarkably fleshy from a child. Her appetite had been very good, which she had without restraint indulged, taking but very little bodily exercise. The mother was not aware, as she stated, that her daughter had ever menstruated, though I afterwards satisfactorily learned from the patient that the catamenia had two or three times made their appearance about a year previous. The mother then stated to me that her daughter appeared to her like a woman in labor, though from the circumstances of the case she could not believe it possible.

On learning these general particulars, I was introduced to the apartment of the patient—whom I had never before seen, and whom I found at that moment in a pretty severe dilating pain of the *os uteri*, of which I had scarcely a doubt from her general appearance and gestures. By placing my hand upon the abdomen, I ascertained to my satisfaction that the uterus contained a fœtus, and that it continued to live. Although the patient had then been in labor about twenty-four hours, I found, by examination per vaginam, the *os uteri* scarcely dilated so as to admit the finger. I soon, however, ascertained the presentation to be natural, though the mouth of the uterus was of a very hard and unyielding cha-

racter. The pains soon became very frequent and intense, and it was with difficulty that we kept the young patient quiet without physical restraint. She began to complain of severe pain in the head, and being of a very plethoric habit I was about to resort to venesection, fearing puerperal convulsions, when I decided first to try the effects of emesis by tartar emetic, the headache having first been allayed by means of cold evaporating lotions. On the occurrence of nausea, the os uteri became soft and dilatable, so that the labor terminated favorably, to both the young mother and child, at about 12, P.M. I then took the placenta without difficulty, and although considerable hemorrhage followed, it was soon easily governed by means of cold lotions to the hypogastrium, and the bandage, by which a good contraction of the uterus was secured. The patient got along well, and in two weeks was able to sit up the whole day, and perform considerable labor.

It appears that the menstrual function in this case was established, when the patient was about 11½ years of age. She was a girl of rather retired manners, having mingled but little in society, her parents then residing in a secluded rural district of this town.

J. B. WALKER.

East Stoughton, August 17, 1846.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 9, 1846.

Dictionary of Dental Science.—Quite an original idea has been seized upon by Dr. C. A. Harris, of the Baltimore College of Dentistry, which promises well. It is a dictionary, explanatory of the terms and the things appertaining to a department of useful knowledge in which he is eminently distinguished. Dr. Harris has issued a circular, with a view to collecting, from all available sources, information respecting the present state of dental science, together with the names, words and signs known to the operative dentist, to express his thoughts or his acts in the circle of his business. In order to aid the author to the extent of our ability in this excellent design, the prominent points to which he asks the attention of the craft, are copied, presuming that very many gentlemen may be addressed through our Journal in this manner, who might not otherwise hear of the contemplated undertaking. We bespeak for him the prompt and cordial co-operation of all persons who have it in their power to be serviceable in this new and useful enterprise.

"First. Have you knowledge of any deceased dentist or dentists, whose contributions to dental literature, superior skill, or remarkable character, entitle him or them to biographical notice in such a work as the one proposed? If so, the undersigned would be glad to have names and such items of history as your judgment may select. If your information concerning them will enable you to do so, state when and where they were born; the character of their early pursuits, extent of their education, with whom they studied and served their professional apprenticeship;

when they commenced practice; their skill in the several branches of the dental art, the improvements they made either in theory or practice, or in dental instruments; their contributions to the literature of dental science, the place or places where they practised; their standing in society, and when and where they died, with the disease which caused their deaths.

"*Second.* Have you invented any dental instrument or appliance of any kind, which upon full trial you consider valuable to the profession? If so, please describe it.

"*Third.* Have you improved any instrument previously known? If so, please transmit a description of it.

"*Fourth.* Have you performed any remarkable or extraordinary operation upon the mouth? If so, describe it, pointing out any particulars which entitle you to the award of originality in conception, or superior dexterity in operating. Do not confine your answer to operations on the teeth, but include the whole buccal cavity.

"*Fifth.* Do you know of any such operation performed by any other than yourself, not yet reported?

"*Sixth.* Have you met with any remarkable cases of disease or deformity of the organs in question? If so, describe them, with mode of treatment adopted, and any other information with regard to them.

"*Seventh.* Have you remarked serious results from the use of unscientific preparations, awkward operations? &c. &c.

"*Eighth.* Have you made observations which you think valuable upon the causes of dental disease, and their prevention? If so, please transmit them in such form as you may think proper.

"*Ninth.* What are the names and addresses of the best dentists in your vicinity?

"It would be very desirable, if you could do so conveniently, to accompany any description, which you may have the kindness to furnish, of any newly invented instrument or appliance, or of any improvement on any previously in use, with an accurate drawing."

Philadelphia School of Anatomy.—Dr. James McClintock, an able teacher of the intricacies of anatomy, associated with other gentlemen, equally active and correct as instructors in their departments, will open his regular autumnal course the first Monday in November, with excellent prospects. Of the importance of availing oneself of such facilities as are offered in private schools, like this, while pursuing the prescribed routine of public schools, no one can doubt. It is very difficult, if not impossible, to see distinctly the parts referred to by the professor, in the centre of a great class; and without carefully inspecting the subject, daily, and reviewing the muscles, nerves, vessels, &c., in their relations to each other, the most satisfactory and brilliant demonstrations in human or comparative anatomy would be nearly lost to a new beginner.

Congestive Remittent Fever.—One of the smallest kind of pamphlets, not much thicker than a sheet of pasteboard, entitled "An Essay on Congestive Remittent Fever, the disease of the South, containing an explanation of its phenomena and the *modus operandi* of the therapeutic agents employed by the application of electrical laws, by Otis Frederick

Manson, M.D.," has lately been sent out into the world, from Richmond, Virginia. Whether the difficulty is in the author or ourselves, in regard to understanding the text, we have not yet determined. Dr. Manson apparently writes sensibly enough, yet there is a difficulty somewhere, which leaves his theory, or his facts, in a cloud of obscurity. "The cause of fever," he says, "consists in great and rapid diurnal variations of temperature, or electrical states of the atmosphere. As I have before remarked, during the period at which disease is prevalent, the thermometer varies from 20 to 25 degrees between 2 and 4, A. M., and 2 and 3, P. M., the period of time varying from ten to twelve hours. We have said before that on the disappearance of the sun, the hemisphere of the earth, enveloped in darkness, became electro-negative—this negative condition of course is increased, in those regions where large bodies of water are found (which is an electric conductor), and where frequent rains have been prevalent." Not wishing to interfere with the circulation of the new theory, by copying too much from the pamphlet, we are unwilling to leave it without saying that Dr. Manson evinces an earnestness in his profession, honorable in the highest degree; and if he fails to convince others that the problem is finally solved, viz., the cause of congestive remittent fevers, his researches show he is in pursuit of truth, with a desire to ameliorate the sufferings of the sick, and to lengthen the span of human life.

Eclectic Medical Institute of Cincinnati.—The queen city of the West is distinguished for as many shades in quackery as is the city of Boston, and in some respects transcends her in the activity of her medicine mongers. Numerous as are the pretenders to medical skill in this place, the operators of all classes, thus far, have only been ambitious to profit as largely as possible, by their cunningly devised impositions, on the medicine-taking people of the present age; but in Cincinnati, one of these classes of adventurers are not content with present individual operations, they are determined to unite and teach their theoretical speculations to their successors. Hence the creation of the Eclectic School. The principal evidence of its being a moonshine institution, rests on the fact that one or two of the faculty are celebrated for their efforts in teaching that which is neither new nor true, and yet are clamorous, so far as their own tongues are concerned, for distinctions to which they have no right as discoverers. An extra sheet of the Western Medical Reformer heralds the qualifications and transcendent merits of the faculty with such strongly concocted zeal, that it is fair to conclude the whole was paid for satisfactorily, in advance.

"Young Physic" Reviewed.—Dr. Lawson, of the Lexington Medical School, has produced an able paper—being "A Review of Homœopathy, Allopathy and Young Physic." The pamphlet came at an hour too late for an extended notice. There is time and space, however, for saying that he has nobly sustained the cause of true medical science, and shown that the world is not wholly carried away by sophistry, or the belligerent attacks of ignorance and self-conceit.

University of Buffalo.—In accordance with the provision of the charter, the medical department of the newly-created University has been organized, and the faculty chosen. Drs. Lee and Webster are detached from the Geneva College, and accept chairs at Buffalo. What is to become of Geneva? There are now five medical institutions existing in the State of New York, legally constituted, besides several others just upon the borders. May they all live a thousand years.

Townsend's Sarsaparilla.—In no branch of business is more ingenuity manifested than in that pursued by the sarsaparilla merchants. It has become a money-making pursuit, and hence there is prodigious activity and rivalry among the dealers, to out-do and circumvent each other. Certificates of cures, and bold declarations of the astonishing effects of that harmless root on the odds and ends of humanity, are the chief levers by which the gullible part of the people are moved to purchase. We have been perusing the grand display of authority for using Townsend's Sarsaparilla, in an ambulating sheet that is circulating over the town. If the same talent which was exerted in constructing this wonderful advertisement, were devoted to some department of literature, or even the sciences, the author would soon rise to distinction. It is lamentable that such ingenuity and tact at discovering the weak, assailable points of ordinary men and women, should be wasted on something so worthless as the coinage of arguments to induce the ignorant, the foolish, and the thoughtless, to stake the issues of life, health and happiness on a bottle of sarsaparilla. One column in the flying roll leads off thus—"To mothers and married. Girls, read this! Gentlemen and lady mechanics! To emigrants going West. Advice to sailors. To persons in health! Take care of your children. Mercurial disease. Hereditary taint. Great female medicine! Sores and ulcers. Palpitation of the heart. Liver complaint. Piles. Consumption can be cured," &c. &c., till one is weary of reading—and for all these life-destroying agents, Townsend's Sarsaparilla is the one thing needful. Verily, the world is given to cheating.

Cases of Cyanosis.—M. Aberle, of Vienna, gives the following conclusions as the result of the analysis of 180 cases of cyanosis:

In 100 cases there was a defect in the partition of the ventricles; in 87 of these cases, there was also an abnormal communication of the ventricle with the aorta; in 22, the foramen ovale was closed; and in 65, it was open. In 4 cases only, the pulmonary artery arose from both ventricles. In the 87 cases in which the aorta arose from both ventricles, the pulmonary artery was 37 times strictured, or even quite closed. Of the 180 cases, two-thirds were males.

The duration of life in cases of cyanosis is indicated by the following list:—

Death occurred, in the first 24 hours, in *four* cases; within the first 14 days, in *sixteen*; before the end of the first month, in *seven*; from the second to the third month, in *six*; from the third to the sixth month, in *eight*; from six to twelve months, in *twelve*; from one to two years, in *seven*; from two to three years, in *nine*; from three to six years, in *eleven*; from six to eight years, in *eleven*; from eight to eleven years, in *thirteen*; from thirteen to sixteen years, in *twelve*; from sixteen to twenty years, in *eight*; from twenty to twenty-five years, in *ten*; from twenty-five

to thirty years, in *six*; from thirty to thirty-five years, in *five*; from thirty-five to forty-five years, in *five*; from forty-five to sixty years, in *four*; and at eighty years in *one* case. In *ten* cases, the age is not indicated.—*Transactions of the Philadelphia College of Physicians.*

Medical Miscellany.—The degree of LL.D. was conferred on Dr. David M. Reese, of New York, by the University of Transylvania, on the annual commencement day.—At the late commencement of Yale College, the honorary degree of M.D. was conferred on the following gentlemen, residing in Connecticut, viz., Dr. George O. Sumner, Dr. Chauncey Burgess, Dr. George O. Jarvis, Dr. Joseph C. Dow; and M.D., in course, on Josiah H. Beecher, Jacob T. Buckley, Judson Candee, William A. Durrie, Samuel A. Hills, John W. Hubell, George W. Ives, Job Kenyon, Jeremiah King, DeWitt C. Lathrop, Jos. J. Meigs, Edwin A. Park, Seth Pease, Frederick W. Perry, Samuel W. Skinner, Nathaniel W. Taylor, Chas. Thomas, Sylvester W. Turner, Andrew J. White.—Considerable sickness prevails at Hagerstown, embracing intermittent, bilious, typhus and congestive fevers.—A new book is out by Edward Johnson, M.D., in which it is declared that indigestion is not a disease of the stomach, &c.—Dr. Prime is the author of a history of Long Island, N. Y.—Water-cure journals are on the increase. Dr. J. D. Cope, of Salem, Ohio, has started one.—Bowel complaints swept off vast numbers of young children during the latter part of August.—Dr. Charles Van Zandt is a candidate for the office of coroner, in New York.—At Burita and Brazos Island, the American troops are represented to be very sickly. Such is the filthy condition of the streets at Matamoras that it is truly wonderful that the public health is not destroyed.—Dr. Swett's lectures on diseases of the chest are continued in the New York Medical and Surgical Reporter. Portions of one of them were marked for quotation in this Journal, but the notification on the cover of that work that it was copy-righted was pointed out, and we presumed, therefore, that they must not be touched.—Cases of popliteal aneurism treated by compression, by Dr. Porter, of Dublin, appear among the original communications of both the Dublin Quarterly Journal and the Philadelphia Medical Examiner. Which Journal had the honor of receiving the manuscript?—Dr. John C. Warren, of Boston, and Dr. S. D. Gross, of Louisville, have been elected Associate Members of the Philadelphia College of Physicians.

TO CORRESPONDENTS.—Dr. Ingalls's remarks on the relapse periods of ague, and Dr. Sutton's case of malignant pustule, have been received.

MARRIED.—At Buffalo, Dr. Charles H. Quinlan to Miss R. Epen.—At Newton, N. J., Dr. Anthony D. Norford to Miss M. A. Ryerson.—At Cincinnati, Ohio, Frederick A. Waldo, M.D., to Miss F. Learnard.—At Staten Island, N. Y., James G. Clark, M.D., to Miss M. C. Thibault.—Merritt F. Potter, M.D., of Charlemont, Mass., to Miss H. E. Winslow.

DIED.—At Newark, N. J., Dr. Abraham Canfield, 49, of consumption.—At Chelsea, Mass., Dr. John Lock, 74, formerly of Portsmouth, N. H.

Report of Deaths in Boston—for the week ending Sept. 5th, 80.—Males, 45, females, 35. Stillborn, 1. Of consumption, 9—dysentery, 5—cholera infantum, 11—diarrhea, 3—disease of the bowels, 12—infantile, 8—dropsy on the brain, 1—brain fever, 1—liver complaint, 3—dropsy, 1—canker, 1—hooping cough, 3—typhus fever, 5—scarlet fever, 2—convulsions, 2—disease of the heart, 2—child-bed, 1—apoplexy, 1—accidental, 2—measles, 1—disease of glands, 1—marasmus, 1—sudden, 1—drowned, 1—unknown, 2.

Under 5 years, 52—between 5 and 20 years, 1—between 20 and 40 years, 15—between 40 and 60 years, 10—over 60 years, 2.

Travelling in Summer.—Rev. H. Winslow, of Boston, has an excellent article in the last No. of the Journal of Health, continued from previous Nos., on Premature Old Age. This portion is mainly devoted to the subject of *recreation*, a few paragraphs of which are copied below.

"There is no season in the year when the stomach, usually condemned to labor beyond its ability, is less able to work hard than in July and August. It sympathizes, precisely, with all the other members and functions of the body. And yet, it is precisely at the time when this poor jaded servant most of all needs rest, that multitudes rush to the halls and gathering places, where every board groans with its life-killing burdens; where the luxuries provided, and the exciting presence and example of hundreds of mouths eager to reward the purse at the expense of the stomach, render it next to impossible not to transgress, seriously, the laws of life. To make the matter worse, the laboring stomach is teased with mineral waters, wines, bitters, pills, tobacco juice and tobacco fumes, taken both throatwise and lungwise, to ease itself of its oft-recurring burdens. And because the generous stomach, under this extraordinary spasmodic pressure, sends out weekly into the skin a pound or two of additional diseased flesh, its deceived owner thinks himself on the high way to health, whereas he is going towards the grave, almost as fast as a doctor could send him. The stomach will be revenged for all this, and the day of retribution is not far off."

"A large portion of the diseases and cases of mortality, so frequent in August and September, result from what may be called fashionable dissipation. The best place in the world for children, if you would have them live, is a good and quiet home. Parents visit the gathering places, with their children, in the sultry summer and early autumn, at the peril of their lives. The country is good for them, if they have a quiet and steady home, and wholesome food; but even the crowded city is better than journeying, amid the pernicious excitements of the places of gay resort. I never hear a child cry at Saratoga, but I pity the mother much, and the child more."

BALTIMORE COLLEGE OF DENTAL SURGERY.—Session 1866-7.

The regular course of Lectures in this Institution commences the 1st Monday of Nov. next, and ends the latter part of February.

CHAPIN A. HARRIS, M.D., Prof. of Principles and Practice of Dental Surgery.

THOS. E. BOND, JR., M.D., Prof. of Special Pathology and Therapeutics.

W. R. HANDY, M.D., Prof. of Anatomy and Physiology.

AMOS WESTCOTT, M.D., Prof. of Operative and Mechanical Dentistry.

CYRENIUS O. CONE, D.D.S., Demonstrator of Mechanical Dentistry.

The Faculty are gratified in being able to inform the community that they commence the coming session of Lectures with the most encouraging prospects, not only in the anticipated increase of pupils, but also in the very considerable enlargement of practical facilities to the Dental student.

They are happy to state that the vacancy in the Faculty is now permanently filled by the election of Amos Westcott, M.D., of New York, to the chair of Operative and Mechanical Dentistry—a gentleman of well known and high distinction in his profession, and one of the editors of the American Journal of Dental Science.

The practical department will be under his especial charge, aided by Dr. Cone who has been elected Demonstrator of Mechanical Dentistry. The Dental Infirmary will be in full operation.

The Dental student cannot thus fail to perceive, and the Faculty desire to impress the fact on the Dental profession at large, that the most ample provision is now furnished for making the Dental student both thoroughly and practically skilled, as well as accomplished in his profession.

To this end, the Faculty are happy further to state, that they expect to enter their new College Building, now in course of erection, the coming session—which is being constructed with an eye single to all the conveniences, and containing all the tools and appliances necessary to the most complete practical instruction, and which each student is required to use for himself.

The Museum contains many costly preparations, chiefly Anatomical, recently imported from Paris, in addition to the already valuable collection.

Ticket of each Professor, \$25. Matriculation, \$5. Demonstrator's Ticket, \$10. Dissecting Ticket, \$10. Diploma, \$30. Sept. 2—5t W. R. HANDY, Dean.